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20

Opinion

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Spoonfuls of advice help the medicine go down

Expecting a five-year-old to use an asthma inhaler properly without teaching her first is like asking her to build a Millennium Falcon from Lego without instructions. The idea is there, but not the road map.

With Lego, it's a challenge, but with a child's health it can be dangerous for them and gut-wrenching for their family.

Two in every five children seeing a doctor for asthma don't receive treatment in line with best practice, according to a new Macquarie University study into the quality of child healthcare - the largest of its kind in the world. That means some of them don't get trained in proper use of their inhaler and so don't receive the prescribed dose. They remain short of breath, drained of energy and in some cases, can become ill.

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Jeffrey Braithwaite



We have the right treatment for asthma - but the system isn't always delivering it well. That serious underperformance has contributed to asthma costing the Australian economy \$4 billion over the past four years.

It is not the only childhood illness suffering from low adherence to guidelines. Australian children with tonsillitis are provided care that is in line with best practice less than half the time. Too many preschoolers with a sore throat and cough are prescribed antibiotics when clinical evidence recommends against this. Doctors should be recommending increased water intake and some

paracetamol, unless the child is so unwell they need to be admitted to hospital.

We have guidelines for every condition, but some are 100 pages or more. No one in a busy practice can leaf through that many pages. GPs and paediatricians are under pressure and sometimes steps are skipped. Or they do not know about a guideline, or judge that it does not apply to the child or situation before them. That doesn't mean care offered the rest of the time is bad. It means it may not produce the optimal result for a sick child.

Most GPs and paediatricians adhere to guidelines and provide great care to patients. They communicate well with families and deliver good outcomes for the children they see. We need to learn from those clinicians who are doing the right thing.

But there's no point spending millions of dollars developing guidelines if they aren't assimilated into the everyday work flow of frontline health providers. We must give every clinician quality information at their fingertips. The best health system would use IT to give clinicians real time data, so they would make better, more timely decisions for children. They would have the information they need right there during the consultation.

If a GP prescribes a preventive inhaler to a child with asthma, a pop-up reminder could prompt him or her to provide the family with a written asthma action plan. Or the doctor's IT system could automatically produce a letter after the consultation to go to the patient's family with follow-up reminders.

Human nature also looks for fault. When something goes wrong, the media likes heads to roll. And for decades the response to "fixing" our health system has been to cut costs, restructure the system, report failure or sack people. It's time to accept this approach isn't working.

Let's instead be whistleblowers for what goes right. We must build on what the health system does well, and give everyone - children, parents and clinicians - robust and timely information about best care. Then we can get to work delivering more of it.

Professor Jeffrey Braithwaite is founding director of the Australian Institute of Health Innovation at Macquarie University and chief investigator of the CareTrack Kids Study.